

2/18/04

1482/187(e)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Patent Application
Olaf Vancura

Serial No: 10/714,792

Filed: November 17, 2003

For: PATTERN REVERSE KENO
GAME METHOD OF PLAY



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Robert C. Dorr

Robert C. Dorr, Reg. No. 27,782

ER 741750229 US

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SECOND PRELIMINARY AMENDMENT

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Prior to the first Office Action, please amend the above-identified application as follows:



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/714,792	
	Filing Date	November 17, 2003	
	First Named Inventor	Olaf Vancura	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	8	Attorney Docket Number	1482/187(e)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Fee Determination Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert C. Dorr, Esq. Dorr, Carson, Sloan, Birney & Kramer, P.C.
Signature	<i>Robert C Dorr</i>
Date	February 17, 2004

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